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CONFIRMATION NO. 4832

|  |  |  |                        |                                       |                            |
|--|--|--|------------------------|---------------------------------------|----------------------------|
| SERIAL NUMBER<br>10/808,174  | FILING DATE<br>03/23/2004<br>RULE  | CLASS<br>455   | GROUP ART UNIT<br>2688 | ATTORNEY<br>DOCKET NO.<br>SAMINF.001A |                            |
| APPLICANTS<br><br>Sanjeev K. Sharma, Fremont, CA;  |  |  |                        |                                       |                            |
| ** CONTINUING DATA ***** <i>FOF</i>  |  |  |                        |                                       |                            |
| ** FOREIGN APPLICATIONS ***** <i>EOF</i>   |  |  |                        |                                       |                            |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 06/04/2004   |  |  |                        |                                       |                            |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged<br><i>[Signature]</i>     | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Examiner's Signature <i>LOE</i><br>Initials | STATE OR<br>COUNTRY<br>CA  | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>23                 | INDEPENDENT<br>CLAIMS<br>7 |
| ADDRESS<br>20995<br>KNOBBE MARLENS OLSON & BEAR LLP<br>2040 MAIN STREET<br>FOURTEENTH FLOOR<br>IRVINE, CA<br>92614 |  |  |                        |                                       |                            |
| TITLE<br>Method and system for load balancing in a wireless communication system                                   |  |  |                        |                                       |                            |
| FILING FEE<br>RECEIVED<br>1168   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |                        |                                       |                            |